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Opinion: We are not ready for the ageing of the population

(Geert Messiaen is the secretary general of the National Union of Liberal societies and also author of various publications on the Belgian health system. He writes this opinion in his own name.)

Our society is not ready to cope with the ageing shock: I have been saying that for years and this observation turns out to be true as it appears in reports on the sometimes deplorable conditions in some residential care centres.

Our country, as well as most European countries, needs a coherent policy for the elderly and a broad social debate on the way forward. If we want to live longer in a high-quality society, there is no other solution than to invest more and in the right way.

In the Knack of 22/11/2017, Luc Van Gorp, President of the Christian mutual societies, puts forward some interesting ideas on how we could cope with the ageing of the population.

One of the things he deplores is the obsession of our health culture to live as long as possible while that is not the wish of most elderly people : they prefer a quality life.

It should not be the intention to keep investing in more and more years of life: all investments in health care should aim to make people live in good health for as long as possible. And age has no place in the equation! To put it in health economics terms: we should not focus on years of life per se, but on Quality Adjusted Life Years (QALY).

Accountant mentality

As with health policy, care for the elderly is too often perceived from an accounting point of view. Staffing standards in residential and care facilities are far too fair, preventing institutions from employing enough nurses and caregivers for lack of money. Perhaps they are enough for technical acts, but there is not enough time to chat with the residents. And then, it is out of the question to get sick, pregnant or to be on leave (which is almost always the case), otherwise the staff runs out. Not only must the standards be expanded, but the human aspect must also be taken into account. This also applies to the training of nurses and caregivers that still focusses too much on technical skills.

Due to the increase in the number of elderly people, many residential institutions are facing a capacity problem. In addition, elderly people want to stay at home as long as possible - a trend that we fully support - and then they go to a residential care centre when no other alternatives are available. As a result, these institutions are facing heavier care needs compared to a few decades ago.

Similarly, for financial reasons, more and more rest homes are tearing down their animation function, which is precisely intended to brighten residents' days.

However, we must consider the problems in a broader context: our savings obsession is actually not new, but dates from the 80s already. And the pressure of Europe has only intensified with the standards of Maastricht, the foundations of our European currency. We are doing wrong, but as long as we stick to budgetary orthodoxy, as long as there are no decent budgets for care for the elderly, the problem will never be solved.

This also applies to our health policy by extension. While the various governments in this country are focusing solely on quotas to limit the increase in the number of doctors, shortages in some medical professions (general practitioners, geriatricians and psychiatrists) are only increasing. This is why we must encourage medical students from the start to turn to these specialties and certainly not wait until the end of their studies.

Closely linked to budgetary orthodoxy is the whole mentality of justification and evidence: doctors and nurses have to spend a large part of their time filling out lists and forms on their computer - and hope that nothing goes wrong - which is again at the expense of attention for patients or residents. Especially since incomplete forms are synonymous with loss of income...

Some scientists believe they have found the solution for staff shortages in the use of care robots. In the euphoria of yet another technological innovation, few people worry that it is actually an excuse to estimate a machine higher than professionals. I do not argue, however, that certain technological applications would be of no use in health care.

What about the human?

The limited attention to the technical aspects is to the detriment of the relational side of care. Does it have to be surprising that many elderly people no longer see any sense in their lives?

Therefore, Luc Van Gorp defends a culture of letting go, that is to say the possibility for a person, who complains of his weariness to live, to ask for euthanasia (although it is not a medical issue). I am opposed to the idea of associating old age with care dependency. After all, heavily dependent individuals are represented in all age groups. The focus in elderly care must also be on what people still can do.

In addition to the physical approach, one of the main problems of dependent elderly people is loneliness. Nurses and caregivers are sometimes the only people they can chat with. But they often have little time to devote to them, because they are expected elsewhere. In the multiannual plan that we established in 2016 with all mutual societies, we have already advocated the idea of paying particular attention to the meaning of the health care process.

Many of the issues raised are of course related to the organization of our society. Luc Van Gorp proposes to make from elderly care the basic citizens' competences instead of further professionalising them.

It is also an idea that can go in many directions. It would obviously not be a bad thing to relearn how to help each other and to take up, as far as possible, some health tasks for our elders. It was obvious at the time: the children took care of their parents. But times have fundamentally changed and it is quite unrealistic to present this proposition as the solution in the current social context.

Which amount of free time do we have in a society where both partners generally work, where the number of divorces and break-ups is high, with all the practical consequences that this entails? No wonder that the number of depressions and burnouts is constantly increasing.

The postponement of the retirement age and the withdrawal of the early retirement schemes did not bring any improvement. Since the average number of children per household has been declining since the beginning of the last century, and as life expectancy is following the opposite trend, an ever smaller number of people will have to pay for the care of more and more dependent people.

And let us not forget that the huge mobility problems also take their toll: every hour that someone is stuck in a traffic jam or has to spend longer in the train or bus is one hour less that he or she can spend on care.

There is no miracle solution

Let's be clear: there is no miracle solution to solve the problems. Perhaps some suggestions would bring one or the other solution. Many people are too little prepared for the third age. Becoming dependent on care means becoming dependent on others and thus giving up a piece of freedom. That is not easy, but our society and the elderly organizations and the volunteer associations of the health insurance funds could teach people to age with dignity.

Mutual respect between generations, for each of us, is essential! This notion must also be applied more in education and the various formations.

Support services must be ready when caregivers are no longer able to fulfil their caring mission for older dependent people. There are some and mutual societies are working hard to bring them closer to the general public. The quality is good, but improvements are always possible.

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